UTILITY PATENT APPLICATION

8028-34 (SPX200211-0004US) Attorney Docket No. Yong-Hee LEE

City East Meadow State New York Zip Code 11554	PAIENI	First Inventor	r rong	g-free LLE		
Express with Eaber Express Exp	TRA	Title DELTA-SIGMA MODULATOR FOR				
ADDRESS TO: Box Patent Application Contents ADDRESS TO: Box Patent Application Contents	(Only for new nonprovisio	Express Mail	Label No. EV	413369183U	S	
		ADDRESS TO: Box Patent Application			tion	
4.	Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 Specification (preferred arrangemer - Descriptive title - Cross Referenc - Statement Reg - Reference to se or a computer - Background of - Brief Summary - Brief Descriptic - Detailed Descr - Claim(s)	D-ROM or CD-R ir mputer Program (a and/or Amino Arible, all necessary computer Readable cation Sequence CD-ROM or paper Statements verifying DMPANYING Assignment Papers 7 CFR 3.73(b) Statements 3.75(c)	n duplicate, large (Appendix) (Appendix) (cid Sequence Str) le Form (CRF) Listing on: r CD-R (2 copie and identity of all appendix (cover sheet & latement	e table or Submission es); or pove copies ON PARTS & document(s)) Power of		
Customer Number or Bar Code Label (Insert Customer No. or Altach bar code label here) Or Correspondence address below Name Frank Chau F. CHAU & ASSOCIATES, LLP 1900 Hempstead Turnpike, Suite 501 City East Meadow State New York Zip Code 11554 Country U.S.A Telephone (516) 357-0091 Fax (516) 357-0092 Name (Print/Type) Frank Chau Registration No. (Attorney/Agent) 34,136	Abstract of the Disclosure In t					
Name Frank Chau F. CHAU & ASSOCIATES, LLP 1900 Hempstead Turnpike, Suite 501 City East Meadow State New York Zip Code 11554 Country U.S.A Telephone (516) 357-0091 Fax (516) 357-0092 Name (Print/Type) Frank Chau Registration No. (Attorney/Agent) 34,136	19. CORRESPONDENCE ADDRESS					
F. CHAU & ASSOCIATES, LLP 1900 Hempstead Turnpike, Suite 501	Customer Number or Bar Co	ode Label (Insert Customer No. or Altach b	r code label here)	or	Correspondence a	ddress below
Address 1900 Hempstead Turnpike, Suite 501 City East Meadow State New York Zip Code 11554 Country U.S.A Telephone (516) 357-0091 Fax (516) 357-0092 Name (Printl/Type) Frank Chau Registration No. (Attorney/Agent) 34,136	Name	Frank Chau				
City East Meadow State New York Zip Code 11554 Country U.S.A Telephone (516) 357-0091 Fax (516) 357-0092 Name (Print/Type) Frank Chau Registration No. (Attorney/Agent) 34,136						
Country U.S.A Telephone (516) 357-0091 Fax (516) 357-0092 Name (Printl/Type) Frank Chau Registration No. (Attorney/Agent) 34,136	Address	1900 Hempstead Turnpike, Suite 501				
Name (Print/Type) Frank Chau Registration No. (Attorney/Agent) 34,136	City	East Meadow State New		York	Zip Code	11554
	Country	U.S.A Tei	ephone (516)	357-0091	Fax	(516) 357-0092
Signature Date 1/26/03	Name (Print/Type)	Frank Chau	Registratio	n No. (Attorney	(Agent) 34,13	36
	Signature				Date 1/2	26/03



PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Under the Paperwork Reduction Act of 1995, no persons are required to re **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$	810
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Complete if Known				
Application Number				
Filing Date	November 26, 2003			
First Named Inventor	Yong-Hee LEE			
Examiner Name				
Art Unit				
Attorney Docket No.	8028-34 (SPX200211-0004US)			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
☐ Check ✓ Credit card ☐ Money ☐ Other ☐ None	3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity				
Deposit 50,0070	Fee Fee Fee Fee Fee Description Code (\$)	Fee Paid			
Account Number 50-0679	1051 130 2051 65 Surcharge - late filing fee or oath				
Deposit Account F.CHAU & ASSOCIATES, LLC	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
Name	1053 130 1053 130 Non-English specification				
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action				
to the above-identified deposit account.	1251 110 2251 55 Extension for reply within first month				
FEE CALCULATION	1252 420 2252 210 Extension for reply within second month				
1. BASIC FILING FEE Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month				
Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month				
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee 770 00	1255 2,010 2255 1,005 Extension for reply within fifth month				
1001 770 2001 385 Offing file 770.00	1401 330 2401 165 Notice of Appeal				
1002 540 2002 170 Bossign ming foo	1402 330 2402 165 Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 770.00	1452 110 2452 55 Petition to revive - unavoidable	 			
	1453 1,330 2453 665 Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1001 1,000 2001 000 01111, (0111111)				
Extra Claims below Fee Paid	11				
Total Claims 18 -20** = 0 X 18 = 0	1503 640 2503 320 Plant issue fee				
Claims	1 1460 130 1460 130 Petitions to the Commissioner	 			
Multiple Dependent 290 =	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt	-			
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)	40			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))				
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be				
1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))				
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) ⁰	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.0	0			
SUBMITTED BY	(Complete (if applicable))				

Registration No. Telephone 516-357-0091 Frank Chau 34,136 Name (Print/Type) Signature

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Atty. Docket No. 8028-34 (SPX200211-004US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

UTILITY APPLICATION FEE TRANSMITTAL Sir: Transmitted herewith for filing is the patent application of Yong-Hee LEE Inventor(s): DELTA-SIGMA MODULATOR FOR REDUCING For: QUANTIZATION NOISE AND OVERSAMPLING RATIO (OSR) Enclosed are: [X] <u>21</u> page(s) of specification [X] _____1 page(s) of Abstract [X] 7 __ page(s) of claims sheets of drawings [X] formal [] informal [X] <u>9</u> page(s) of Declaration and Power of Attorney [X] <u>2</u> [X] An Assignment of the invention to Samsung Electronics Co., Ltd.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date November 26, 2003 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV413369183US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

		Fran	nk Cha	au_			
(Туре	or	print	name	of	person	mailing	paper)
		\subset	4				
(Signa	atu	re of	person	n ma	ailing	paper)	

[]	This application claims the benef §119(e) of U.S. Provisional Appli	it under 35 U.S.C. cation(s) No(s).:
	APPLICATION NO(S):	FILING DATE
	_/	
	_/	
[]	Certified copy of applications	
	ntry Appln. No.	<u>Filed</u>
Kor	2003-354	3 January 2003

from which priority under Title 35 United States Code, § 119 is claimed

[] is enclosed.

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[X] will follow.

[] The fees to be charged are to be based on the number of claims remaining as a result of the attached Preliminary Amendment.

CALCULATION OF UTILITY APPLICATION FEE

	Number	Number	Rate	В	asic Fee \$770.00
_	Filed	Extra	Nace		
For Total	18 -20	= 0	x \$ 18.00		\$ 0
Claims* Independent Claims	3 -3	= 0 Add'l. Fee	x \$ 86.00 \$290.00		\$ 0 \$
Multiple Dependent Claims	[] yes [] no	Add'l. Fee		= TOTAL	\$ \$770.00
			ar Lua IInder	37	

[] Applicant Claims Small Entity Status Under 37 C.F.R. § 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of total) paid herewith § _____.

^{*}Includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).

- [] A check in the amount of \$_____ is enclosed for recording the attached Assignment.
- Please charge fee of \$40.00 for recording the attached assignment by Credit Card Payment Form PRO-2038 enclosed herewith.
- [X] Please charge fee of \$770.00 to cover the filing fee by Credit Card Payment Form PTO-2038 enclosed herewith.
- [] Charge fee to Deposit Account No. 50-0679. Order No. 50-0679. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

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Reg. No. 34,136

F. CHAU & ASSOCIATES, LLP 1900 Hempstead Turnpike Suite 501 East Meadow, New York 11554 Tel. No. (516) 357-0091 Fax. (516) 357-0092 FC:sg